

Hello everyone! We wanted to make you aware of some changes that are going to be implemented on the FACD (Facility Detail) screen. These changes affect the bottom part of the screen that currently contains DAY CARE INFORMATION, as shown below:

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CAFSFACD                      FACILITY DETAIL                      09/21/2011    9:48
USER ID : CS4566    MODIFY
PROV NO : 0007109    001    PROV NAME: MAHONEY SEAN AND SUSANNE
CCUBS PROV NO :
FACILITY NAME : MAHONEY SEAN AND SUSANNE
  ABRV NAME : MAHONEY                      CPIS PROVIDER: N
WARRANT NAME :                      CPIS NOTIFY : N
CONTACT ID/NAME : 00010945    MAHONEY, SUSANNE
DIRECTOR ID/NAME : 00010946    MAHONEY, SEAN
MEDICAID NUMBER : 0000000045666    ASSIGNED WORKER INFORMATION
PROVIDER COUNTY : 025    WORKER ID: C7TR22    RGN: 4    CNTY: 025
  LOCKED/UNLOCKED : U    NAME: LICENSING WORKE
                                PHONE NO: 406
TERMINATION DATE :    SECONDARY:
  REASON :
  CPIS EMATI:

-----DAY CARE INFORMATION-----
OPERATION HOURS :    PLACEMENT TYPE :
PUBLISH DC INFO :    OVERLAP CAPACITY:    ORIENTATION APPR DT:
OVERLAP HOURS :    -    -    -
                S M T W T F S    S M T W T F S    S M T W T F S
OVERLAP DAYS :

PATH: █
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Because we do not license day care facilities in CAPS, there isn't a need for this information to display on FACD any longer. This section of the screen is now going to be used to record NATIVE AMERICAN FOSTER FAMILY INFORMATION, as shown below:

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CAFSFACD                      FACILITY DETAIL                      09/21/2011    9:52
USER ID : CS4566    MODIFY
PROV NO : 0007109    001    PROV NAME: MAHONEY SEAN AND SUSANNE
CCUBS PROV NO :
FACILITY NAME : MAHONEY SEAN AND SUSANNE
    ABRV NAME : MAHONEY                      CPIS PROVIDER: N
WARRANT NAME :                      CPIS NOTIFY : N
CONTACT ID/NAME : 00010945    MAHONEY, SUSANNE
DIRECTOR ID/NAME : 00010946    MAHONEY, SEAN
MEDICAID NUMBER : 0000000045666    ASSIGNED WORKER INFORMATION
PROVIDER COUNTY : 025    WORKER ID: C7TR22    RGN: 4    CNTY: 025
    LOCKED/UNLOCKED : U    NAME: LICENSING WORKE
TERMINATION DATE :    PHONE NO: 406
REASON:    SCNDRY:
CPIS EMAIL:

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-----NATIVE AMERICAN FOSTER FAMILY INFORMATION-----
FOSTER MOTHER/ID: 00010945    MAHONEY, SUSANNE
AFFILIATION: AJ    APACHE - JICARILLA    MEMBERSHIP STS: MV    MEMBERSHIP VERIFIED
              : AR    ARAPAHO              : MV    MEMBERSHIP VERIFIED
FOSTER FATHER/ID: 00010946    MAHONEY, SEAN
AFFILIATION: AJ    APACHE - JICARILLA    MEMBERSHIP STS: MV    MEMBERSHIP VERIFIED
              : AR    ARAPAHO              : MV    MEMBERSHIP VERIFIED

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PATH:

We want to be able to report on kinship/foster/guardianship/adoption providers with Native American affiliation. We have not been able to do this in the past, so these changes will now allow us to accurately report this information.

On FACD, when you enter a DIRECTOR and a CONTACT, these individuals will typically be who you will enter in the bottom section of the screen. *Remember, if this is a single parent home, you only need to enter the DIRECTOR – you do not need to enter the same CAPS ID in the DIRECTOR and CONTACT fields.* In this new section, CAPS will not allow the same CAPS ID to be entered in both the foster mother and foster father fields.

The first part of this section relates to the foster mother, and should be updated if Native American information applies for the foster mother. If Native American information does not apply for the foster mother, this will be left blank:

- 1) Enter the foster mother's CAPS ID in the FOSTER MOTHER/ID field (the CAPS ID you enter must be affiliated to the facility.)
- 2) Up to two tribal affiliations (AFFILIATION) and membership status for those affiliations (MEMBERSHIP STS) can be entered. All of these fields have F12 lookup functionality, but codes can also be manually entered. The affiliation field utilizes the existing Tribal Affiliation code table in CAPS. Membership status can be "Membership Verified" (i.e. enrollment card, tribal

letter of verification for membership or descendency, etc) or “Self Identified” (i.e. family verbally indicated that they are members or descendents of a Native American tribe).

- 3) If Native American information applies for the foster\_mother, the first three fields will be required. (The fields for a second affiliation/membership status, however, are optional.)

The second part of this section relates to the foster father, and should be updated if Native American information applies for the foster father. If Native American information does not apply for the foster father, this will be left blank:

- 1) Enter the foster father’s CAPS ID in the FOSTER FATHER/ID field (the CAPS ID you enter must be affiliated to the facility.)
- 2) Up to two tribal affiliations (AFFILIATION) and membership status for those affiliations (MEMBERSHIP STS) can be entered. All of these fields have F12 lookup functionality, but codes can also be manually entered. The affiliation field utilizes the existing Tribal Affiliation code table in CAPS. Membership status can be “Membership Verified” (i.e. enrollment card, tribal letter of verification for membership or descendency, etc) or “Self Identified” (i.e. family verbally indicated that they are members or descendents of a Native American tribe).
- 3) If Native American information applies for the foster\_father, the first three fields will be required. (The fields for a second affiliation/membership status, however, are optional.)

If the DIRECTOR and/or CONTACT are end-dated on the PRPD (Provider Person Detail) screen, the Native American information at the bottom of FACD will be deleted for that person. If a new DIRECTOR and/or CONTACT are added to PRPD, and Native American information applies for the new person, it is important that you return to FACD and update the affiliation/membership status information so the new details are reported.

A new report has been created to extract the new Native American Foster Family information from CAPS. This report will run quarterly and will list all providers who have any Native American Foster Family information listed on FACD. The report will be sent to RDS (Report Distribution System) as a data dump under CSCQ7680. Lou Walters will create a model using DocuAnalyzer to import the data and distribute the information to those who have been identified to receive the report.

The report will contain the following information:

Provider General Information

Provider Number, Facility Number

Provider Name

Provider Address, City, State, Zip (residential, or most current if no residential address exists)

Provider County

Provider Region

Provider License Information

All active licenses (any license that is not expired, terminated or denied).

License Type

License Application Date

License Issue Date

Approving Worker

Native American Foster Family Information

Foster Mother

CAPS ID

Last Name, First Name

Affiliation (1)

Membership Status (1)

Affiliation (2)

Membership Status (2)

Foster Father

CAPS ID

Last Name, First Name

Affiliation (1)

Membership Status (1)

Affiliation (2)

Membership Status (2)